

REDACTED - FOR PUBLIC INSPECTION

Rate Floor Data

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986

Block 1 - Contact Information

ROW #	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE
1	Carrier Study Area Code	6 numeric digits	411957
2	Carrier Study Area Name	alpha characters	Embarq MO-KS
3	Service Provider Identification Number	9 numeric digits	143005250
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	6/1/2015
5	Contact Name	alpha characters	Kenneth W. Buchan
6	Contact Telephone Number (include area code)	9 numeric digits	(318) 362-1538
7	Sheet number	numeric digit(s)	1
8	Total Number of Sheets	numeric digit(s)	1

Block 2 - Residential Local Service Rates, Fees, and Line Counts

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	\$ 18.08	NA	\$ 1.99	NA	
10	\$ 18.08	NA	\$ 1.99	NA	
11	\$ 18.08	NA	\$ 1.99	NA	
12	\$ 18.08	NA	\$ 1.99	NA	
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					

Rate Floor

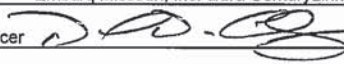
TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: Embarq Missouri, Inc. d/b/a CenturyLink (Kansas)

Signature of authorized officer



Date

6/11/15

Printed name of authorized officer David D. Cole

Title or position of authorized officer Executive Vice President of Operations Support and Controller

Telephone number of authorized officer: ( 318 ) 388 -9000, ext.

Study Area Code of Reporting Carrier

411957

Filing Due Date for this form  
(mm/dd/yyyy)

7/1/2015